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| APPLICATION NUMBER | FILING/RECEIPT | T DATE | FIRST NAMED APPLICANT | × | ATTORNEY DOCKET NO./TITLE |
| 09/157,018 | 09/18/98 | KILGORE | | | B MS-Sn 3 |

0232/1001

PETER L MICHAELSON MICHAELSON & WALLACE P O BOX 8489 RED BANK NJ 07701

2771

DATE MAILED:

10/01/98

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1,136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$85.00 for a small entity in compliance with 37 CFR 1.27, or 🗆 \$130.00 for a non-small entity, must also be timely submitted in reply to this WOTICE to avoid abandonment.

| | I. The statutory basic filing fee i | s: | | | |
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| ij | missing. insufficient. | ¥., | | | |
| | Applicant must submit \$ | to complete th | ne basic filing fee and/or file a sma | Il entity statemen | nt claiming |
| | such status (37 CFR 1.27). 2. Additional claim fees of \$ | , including any | multiple dependent claim fees, ar | e required. | |
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| _ | | t the additional claim fees or cand | cel additional claims for which fees | s are que. | |
| : النا | The oath or declaration: Is missing or unexecuted | : | | • | |
| | does not cover the newly | submitted items. | | | • |
| | does not identify the appl | ication to which it applies. and state or foreign country of ap | nlicant's residence | • ′ . | |
| | An oath or declaration in con | and state of foreign country of apapilance with 37 CFR 1. 63, include | ding residence information and ide | ntifying the appli | cation by |
| | the shove Application Number | er and Filling Date is required. | | | ** |
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A copy of this notice MUST be returned with the reply

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